IRO NOTICE OF DECISION TEMPLATE – WC

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Notice of Independent Review Decision

IRO REVIEWER REPORT

TEMPLATE -WC

DATE: October 19, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ERMI Shoulder Flexionater -30 Days E1399

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopedic Surgery with over 42 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured when a xxxxxxx on xx/xx/xx.

01/22/15: Operative report. POSTOPERATIVE DIAGNOSES: Radial sensory nerve laceration. Radial nerve laceration. OPERATIONS PERFORMED: Not listed. DESCRIPTION OF PROCEDURE indicates that neuromas were removed and repair made of nerve lacerations.

02/03/15: The claimant was evaluated postoperatively. He was placed in a long arm splint. He reported significant reduction in painful paresthesias in the forearm but continued to have numbness. He was told that it would likely take 9-12 months for nerve regenerations and radial nerve distribution.

03/02/15: The claimant was evaluated and was given instructions for a home exercise program.

03/13/15: The claimant was evaluated. He had developed some significant swelling and stiffness in the hands. recommended a steroid Dosepak and oral anti-inflammatory as well as expediting his therapy. He was given

prescriptions for Medrol Dosepak and Celebrex.

03/24/15: The claimant was evaluated. He had significant improved range of motion and decreased swelling. He was to continue his splint and continue therapy exercises. He was noted to only get the tips of the fingers to about 3-4 cm from the palm, but it was really improved from the last time he was seen.

03/31/15: The claimant was evaluated. He reported a pain level of 4 to 9 out of 10. He was able to loosely hold tooth brush to apply tooth paste, loosely hold wash rag, unable to cut food or hold a cup or bottle of water. Able to grasp keys. Unable to turn door knob. OT evaluation was performed, therapeutic exercises performed, and manual therapy performed. He was noted to be slow to achieve AROM of digits; however, therapist was able to achieve ¾ passive digit flexion. Grasp was very limited, and he presented with moderate extrinsic wrist and digit extrinsic tightness. Supination was very limited. It was noted that he would benefit from a static progressive elbow orthosis to decrease overall tightness of the wrist and hand. It was noted that he needed to continue OT with the possibility of increasing visits to 3 x per week due to slow progress. He was unable to grasp items with the left hand and exhibited loose pinching ability.

04/28/15: The claimant was evaluated. He presented with left shoulder pain, decreased range of motion, decreased strength, and decreased functional ability. Physical therapy was recommended.

05/12/15: The claimant was evaluated. It was noted that he appeared to have developed some tendon adhesion with flexor tendons. Continued therapy was recommended as well as FCE. He was continuing to have shoulder complaints, for which shoulder therapy and follow up with a shoulder specialist were recommended.

05/21/15: The claimant was evaluated for shoulder pain and weakness. He was given a corticosteroid injection. Left shoulder x-rays were obtained demonstrating a slight high riding humeral head, otherwise no evidence of fracture. The assessment was significant adhesive capsulitis secondary to shoulder-hand syndrome from neurologic damage caused to the forearm. He was to start physical therapy. An MRI was ordered.

06/09/15: MRI left shoulder report. IMPRESSION: Mild supraspinatus tendinosis without a tear. Mild inflammation in the subacromial subdeltoid bursa. Adhesive capsulitis involving the coracohumeral ligament. Labrum and cartilage of the glenohumeral joint are maintained. AC joint is preserved.

06/15/15: The claimant underwent physical therapy for shoulder-hand syndrome and adhesive capsulitis of the shoulder by.

06/26/15: A note stated that the claimant was progressing slowly with left shoulder mobility and would benefit from continued physical therapy.

07/07/15: The claimant was evaluated. He reported some return of sensation on the dorsal side of the hand. noted that physical examination showed a significant deficit in this distribution. Significant reduction in swelling was noted. FCE showed that he was capable of medium PDL with 25-30 pounds below waist and 10 pounds above waist level lifting. A work hardening program was recommending but would wait on shoulder treatment.

07/13/15: A note states that he had minimal increase in elevation post MT. Noted significant tone with pectoral/axillary musculature. GH elevation remained below 90 degrees with significant fatigue. Zero complications with treatment on this day.

07/22/15: The claimant was evaluated for left shoulder complaints. He complained of aching, sharp pain that was intermitted rated 4/10. He reported little improvement in his range of motion to the shoulder and noted continued discomfort. He was working in light duty. On exam, he had edema in the hand. Muscle atrophy was noted about the left forearm. Left shoulder limitation with passive motion of 60 degrees of forward flexion and abduction with 10 degrees of rotation. Weakness was noted. Assessment was atypical adhesive capsulitis secondary to shoulder-hand syndrome from nerve injury and forearm. The plan was to request manipulation under anesthesia. He was noted to

carry a risk of fracture or dislocation and would be placed in a postoperative CPM.

07/24/15: A letter stated that the claimant had a radial nerve repair and had been attending occupational therapy but had now been in physical therapy for over 12 weeks. It was noted that he had been complaining of pain and stiffness in his left shoulder and developed arthrofibrosis of his left shoulder resulting in a moderate to severe loss of left shoulder range of motion, 30 degrees of external rotation, 75 degrees of abduction, and 60 degrees of internal rotation. stated that he ordered the ERMI Shoulder Flexionater to help him regain range of motion and avoid additional surgery. He stated that he was prescribing the ERMI Shoulder Flexionater for 30 days to use in conjunction with physical therapy post MUA. His clinical experience was that patients treated with shoulder flexionators demonstrated marked, lasting motion gains after relatively short durations of use.

08/04/15: UR. RATIONALE: The patient was documented to be participating in physical therapy. The guidelines state that physical therapy and the natural history of adhesive capsulitis produce outcomes as good as a flexionater. Flexionater use remains under study, and no exceptional fact were provided.

08/21/15: Operative report. POSTOPERATIVE DIAGNOSIS: Left shoulder adhesive capsulitis. OPERATION PERFORMED: Left shoulder manipulation under anesthesia with injection of capsule with 0.5% Naropin 20 mL.

08/24/15: The claimant was evaluated. The assessment was that he demonstrated good left mobility but was still lacking AROM due to pain and weakness as evidenced by objective measures. It was noted that he was using a CPM for the left shoulder 3 times per day. It was noted that he would benefit from continued physical therapy to improve his AROM with decreased pain.

09/03/15: UR. RATIONALE: Based on the clinical information submitted for review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The use of flexionators for adhesive capsulitis remains under study as there is lack of evidence that the use of flexionators results in better clinical outcomes compared to regular physical therapy.

09/04/15: The claimant was evaluated. He was noted to have steady progress with range of motion post MT; however, limitations and soft tissue tightness persisted. He was educated on proper body mechanics to avoid trunk extension with GH elevation in which he demonstrated good understanding.

09/11/15: The claimant was evaluated. The assessment was steady progress with range of motion and demonstrated improving technique with ther-ex. Will progress treatment as tolerated per POC.

09/18/15: A letter indicated that the claimant had made significant gains with use of the ERMI device per clinical notes showing beginning and current AROM measurements.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse decisions are upheld. Per ODG, there is no evidence that the ERMI Shoulder Flexionater has any indication of being more successful in the treatment of adhesive capsulitis than physical therapy and the usual exercise program. Therefore, the request for ERMI Shoulder Flexionater -30 Days E1399 is not medically necessary.

ODG:

Flexionators (extensionators)	Under study for adhesive capsulitis. No high quality evidence is yet available. A study of frozen shoulder patients treated with the ERMI Shoulder Flexionater found there were no differences between the groups with either low or moderate/high irritability in either external rotation or abduction (glenohumeral abduction went from about 52% to 85% in both groups over a 15-month period), but there was no control group to compare these outcomes to the natural history of the disease. (Dempsey, 2011) According to other studies, outcomes from regular PT and the natural history of adhesive capsulitis are about as good. (Dudkiewicz, 2004) (Guler-

	Uysal, 2004) (Pajareya, 2004) See the Knee Chapter for more information and references.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**